



## South Kitsap School District

### School & Staff Support

### Part-Time Public School Attendance Request to Attend

Students residing in the South Kitsap School district and enrolled in private schools or participating in home-based instruction may access any school district instructional program. Participation in requested programs is conditional upon the time and location programs are conducted in the service area school. Access to schools outside the student's service area must be requested upon Open Enrollment – RCW 28A.150.350 - Part-time students and WAC 392.134.010 – Attendance rights of part-time public school students. Proof of full immunization must be provided to the service area school **prior** to the student's attendance in school programs – WAC 392.380.045 – School attendance conditioned upon presentation of proofs.

#### COMPLETE THIS FORM AND RETURN IT TO YOUR SERVICE AREA SCHOOL (Please Print)

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested School: \_\_\_\_\_ Service Area School: \_\_\_\_\_

Course(s)/Program(s) Requested:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Anticipated Length of Participation (i.e., September to June; duration of the course, etc.):

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OVER →

**SCHOOL USE ONLY**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Service Area School: \_\_\_\_\_

Immunizations Current? Yes: \_\_\_\_\_ No: \_\_\_\_\_

List the title of the course(s)/program(s) to be provided by the school and the times and schedules offered:

1. \_\_\_\_\_ Time: \_\_\_\_\_

Day(s) of the week: \_\_\_\_\_

Location on school campus: \_\_\_\_\_

2. \_\_\_\_\_ Time: \_\_\_\_\_

Day(s) of the week: \_\_\_\_\_

Location on school campus: \_\_\_\_\_

3. \_\_\_\_\_ Time: \_\_\_\_\_

Day(s) of the week: \_\_\_\_\_

Location on school campus: \_\_\_\_\_

4. \_\_\_\_\_ Time: \_\_\_\_\_

Day(s) of the week: \_\_\_\_\_

Location on school campus: \_\_\_\_\_

Special Circumstances (if any): \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UPON FINALIZATION OF TERMS OF PARTICIPATION – RETURN A COPY TO PARENT/GUARDIAN